



High School Scholarship Application  
\$1000.00 scholarship awarded at each High School  
**Please return by April 15th**

Name: \_\_\_\_\_

Parent's or guardian's names \_\_\_\_\_

Address: \_\_\_\_\_

Family Information:

Father or male guardian's occupation: \_\_\_\_\_

Mother or female guardian's occupation: \_\_\_\_\_

Number of brothers: \_\_\_\_\_

Number of Sisters: \_\_\_\_\_

Siblings living at home: \_\_\_\_\_

Mondovi

Osseo-Fairchild

Cochrane-Fountain City

Eleva-Strum

Gilmanton

Which school do you  
attend?

Please describe the extracurricular activities you participated in during high school (both school sponsored and other)

Education Plans:

Name of School you plan to attend:

Major Field of interest:

Anticipated number of years to complete:

High School GPA:

Employment experience:

Please describe in your own words why you have chosen this field and what your future goals include:

Student Statement – This is a narrative prepared by the student that would be designed to convince the committee at Alliance Bank why you should receive this scholarship.

Please provide any additional information that you would like the selection committee to know.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Must be signed by an adult student (18 years of age or older) or by a parent or guardian of a minor student. By signing, the applicant is given authorization to verify any information provided with his/her high school office.